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PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	TI-24974.4
First Inventor	Leland S. Swanson
Title	Selective Deposition of Emissive Layer in Electroluminescent Displays
Express Mail Label No.	EV334469184US

1642710/625911

2  
07/23/03

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

## ADDRESS TO:

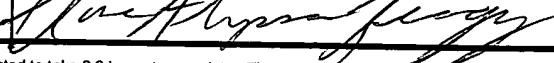
Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1. <input checked="" type="checkbox"/>	Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/>	CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/>	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/>	Specification (preferred arrangement set forth below)	a. <input type="checkbox"/>	Computer Readable Form (CRF)	
	- Descriptive title of the Invention	b. <input type="checkbox"/>	Specification Sequence Listing on:	
	- Cross Reference to Related Applications	i. <input type="checkbox"/>	CD-ROM or CD-R (2 copies); or	
	- Statement Regarding Fed sponsored R & D	ii. <input type="checkbox"/>	paper	
	- Reference to sequence listing, a table, or a computer program listing appendix	c. <input type="checkbox"/>	Statements verifying identity of above copies	
	- Background of the Invention			
	- Brief Summary of the Invention			
	- Brief Description of the Drawings (if filed)			
	- Detailed Description			
	- Claim(s)			
	- Abstract of the Disclosure			
4. <input checked="" type="checkbox"/>	Drawing(s) (35 U.S.C. 113)	[ Total Pages 27 ]	9. <input type="checkbox"/>	Assignment Papers (cover sheet & documents(s))
5. <input type="checkbox"/>	Oath or Declaration	[ Total Pages 1 ]	10. <input type="checkbox"/>	37 CFR 3.73(b) Statement (when there is an assignee)
a. <input type="checkbox"/>	Newly Executed (original or copy)		<input checked="" type="checkbox"/>	Power of Attorney
b. <input checked="" type="checkbox"/>	Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)		<input type="checkbox"/>	Copies of IDS Citations
i. <input type="checkbox"/>	<b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		13. <input checked="" type="checkbox"/>	Preliminary Amendment
6. <input type="checkbox"/>	Application Data Sheet. See 37 CFR 1.76		14. <input checked="" type="checkbox"/>	Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:	15. <input type="checkbox"/>	Certified Copy of Priority Document(s) (if foreign priority is claimed)		
<input type="checkbox"/> Continuation	<input checked="" type="checkbox"/> Divisional	16. <input type="checkbox"/>	Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
Prior application information: Examiner M. Cleveland				17. <input type="checkbox"/> Other:
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.				of prior application No: 10/346,931 Group / Art Unit: 1762

## 19. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label 23494  Correspondence address below  
(Insert Customer No. or Attach bar code label here)

NAME	Texas Instruments Incorporated		
ADDRESS			
CITY	STATE	TX	ZIP CODE
COUNTRY	TELEPHONE	(972) 917-4167	FAX (972) 917-4418

Name (Print/Type)	Rose Alyssa Keagy	Registration No. (Attorney/Agent)	Reg. No. 35, 095
Signature			
		Date	7/23/03

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# FEE TRANSMITTAL

## for FY 2003

Express Mailing Label No.: EV334469184US

TOTAL AMOUNT OF PAYMENT (\$ 750.00)

## Complete If Known

Application Number	TBD
Filing Date	Herewith
First Named Inventor	Leland S. Swanson
Examiner Name	TBD
Group / Art Unit	TBD

Attorney Docket No. TI-24974.4

## METHOD OF PAYMENT

## FEE CALCULATION (continued)

1.  The Commissioner is hereby authorized to charge to the following Deposit Account.

Deposit Account Number **20-0668**

Deposit Account Name **Texas Instruments Incorporated**

Charge any additional fee required or credit any overpayment  Charge all indicated fees and any additional fee required or credit any overpayment

2.  Payment Enclosed:

Check  Money Order  Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	750	2001	370	Utility filing fee	<b>\$750</b>
1002	330	2002	165	Design filing fee	\$
1003	510	2003	255	Plant filing fee	\$
1004	740	2004	370	Reissue filing fee	\$
1005	160	2005	80	Provisional filing fee	\$
SUBTOTAL (1)					<b>(\$750)</b>

## 2. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	1	-20** =	0 x 18 =	0 .
Independent Claims	1	-3** =	0 x 84 =	0
Multiple Dependent			260 =	

\*\*or number previously paid, if greater; For Reissue, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent Claims in excess of 3
1203	280	2203	140	Multiple dependent claims in excess of 3
1204	84	2204	42	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				<b>(\$0)</b>

## 3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	400	2252	200	Extension of time within second month	
1253	920	2253	460	Extension of time within third month	
1254	1,440	2254	720	Extension of time within fourth month	
1255	1,960	2255	980	Extension of time within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,280	2453	640	Petition to revive - unintentional	
1501	1,280	2501	640	Utility issue fee (or reissue)	
1502	460	2502	230	Design issue fee	
1503	620	2503	310	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1801	740	2801	370	Request for Continued Examination (RCE)	
1806	180	1806	180	Submission of Information Disclosure Stmt.	
8021	40	8021	40	Recording each patent assignment per properly (time number of properties)	
1809	740	2809	370	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	740	2801	370	For each additional invention to be examined (37 CFR 1.129(b))	

Other fee (specify) \_\_\_\_\_

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) **0**

## SUBMITTED BY

Complete (if applicable)

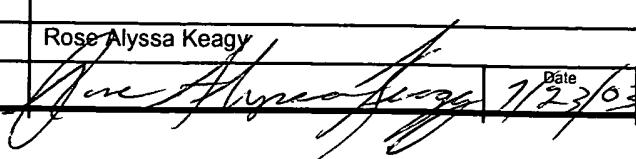
Typed or Printed Name

Reg. Number

35,095

Signature

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Rose Alyssa Keagy  
1/23/03